



“Worker Profile” Form

☐ New
 ☐ Terminating
 ☐ Update

Will this employee be using a RIFIS license used by a former employee? <input type="checkbox"/> Yes <input type="checkbox"/> No		Indicate terminating Employee's (First & Last Name) Last day of Employment (End Date)				
RIFIS Worker First Name (new or update information)			RIFIS Worker Last Name (new or update information)			
RIFIS Worker Title (Please circle one of the choices below):						
FCCP Program Director	FCCP Supervisor	Family Service Care Coordinator (FSCC)	FCCP Family Support Partner (FSP)	FCCP Intake Worker (Intake)	FCCP Administrative Assistant (Adm. Asst.)	DCYF (specify):
Information of the Agency Office you will be located at:						
Agency Name			Agency Address, City, State, Zip code			
Agency Phone # & Extension			Agency Fax #			
Agency assigned Cell #			Agency assigned e-mail Address			
Please print first and last name of your direct FCCP Supervisor (who will be overseeing your FCCP Family records in RIFIS?):						
Agency Employment Start Date:				Wrap Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Language(indicate language(s) by circling)						
Arabic Cantonese Cebuano Chinese Chuukese Creole (Cape Verdean) Creole (Haitian)	English Flemish French German Hebrew Hindi (India) Hmong Icelandic	Farsi Italian Japanese Khmer (Cambodia) Korean Koshraen	Laotian Latvian Portuguese Russian Serbian Sign Language Slovak	Spanish Swahili Swedish Thai Ukrainian Urdu (Pakistan and India) Vietnamese Yoruba Other		
Hispanic <input type="checkbox"/> YES or <input type="checkbox"/> NO						
Race (check box)						
<input type="checkbox"/> African American <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Native		<input type="checkbox"/> Asian <input type="checkbox"/> Caucasian/White Native <input type="checkbox"/> Hawaiian/Pacific Islander		<input type="checkbox"/> Other <input type="checkbox"/> Declined to Provide <input type="checkbox"/> Multi-racial		
Education Level (check box)						
<input type="checkbox"/> 8 th Grade or less <input type="checkbox"/> Some High School <input type="checkbox"/> High School <input type="checkbox"/> Graduate/GED		<input type="checkbox"/> Trade School/Vocational Training <input type="checkbox"/> Some College <input type="checkbox"/> College Graduate (2-year program) <input type="checkbox"/> College Graduate (4-year program)		<input type="checkbox"/> Advance Degree (ie. RN, MA, MS, Ph.D., MD) <input type="checkbox"/> Other (Specify)		
Additional Credentials			Specialty Areas			
% Time of FCCP (indicate 100, 75, 50, 25, 0)					% =	

FAX TO SHEILA CHASE @ 401-438-4205